FAMILY-CENTERED PRACTICE Coparenting

Coparenting is defined as an arrangement under which the normal duties of parenting a child are shared between multiple adults. In dependency cases, these coparents involve the caregiving and birth families. Coparenting is a key component of child and family centered practice and concurrent case planning. A coparenting relationship benefits all parties involved as it provides comfort and reassurance to children, hope to birth families, and the potential for the caregiving family to remain connected to the child and parents following reunification. Birth parents can provide support and comfort to the child while in out-of-home care and caregivers can be a source of support to the birth parents. Respecting the birth parents as experts about their children and inviting their input conveys the support of those who work within the child welfare system and their commitment to helping the reunification of the family.

Children can develop and maintain significant relationships and attachments to both caregivers and birth families when positive coparenting practices exist.² Central coparenting figures vary for each child and may include birth parents, foster parents, and other important relatives and/or non-relatives with whom the child had previously established attachment bonds.³ Case workers, while not coparents themselves, are vitally important supports for the coparenting relationships that evolve to support and protect children.

Collaboration. An essential element of successful coparenting is collaboration.

Collaboration is not easily established. Trust must first be built between the parties. In most cases, initial "trust issues", founded or unfounded, will likely be harbored by both the birth parents about the caregivers and vice-versa. Trust can be initiated at the first

meeting if the caregivers have an opportunity to show birth parents that their motives in caring for the child are not to take the child away from the birth family. When the caregivers acknowledge the birth parents are the primary people with critical information about their child, the birth parents will likely feel empowered and as though there is less of a power imbalance. It is important to convey that the primary goal of the caregivers is to provide the best possible

Ways a caregiver can acknowledge the birth parent's primary role in the child's life are asking about bedtime routines, allergies, and the child's likes and dislikes. A caregiver may also ask about rules in the birth parent's home and continue those rules that are appropriate and safe.

care for the child, until he or she can return home upon reunification.

Although reunification may ultimately not be possible with the birth family, and the caregiving family actually may be the best candidate for permanency, there is no need to start this conversation at the beginning of the child's stay in care. In fact, such a

¹ McHale, J. & Sirotkin, Y. (2019). Coparenting in diverse family systems. In M. Bornstein (Ed.), Handbook of Parenting (3rd. Ed.). New Jersey: Erlbaum (pp. 125-154)

² (2010) Co-parenting: The Key to Reunification. The Reviewer. Foster Care Review Inc.

³ McHale, J. & Sirotkin, Y. (2019). Coparenting in diverse family systems. (pp. 125-154)

conversation may give mixed messages to both the caregiver and birth parent. Some trust should exist between biological and caregiving families before caregivers are asked about their openness to adoption if reunification is not possible. A trusting coparenting relationship can help birth parents and caregivers be more willing to consider the possibility of legal permanence with the caregivers if it appears that reunification will not be successful. Sensitive handling of these conversations is critical and they should never occur in open court or in the earliest days after removal.

In order to support the coparenting relationship, the court should:

- communicate openly about the expectation that the two families will have a collaborative working relationship.
- inform birth parents and caregivers that a positive coparenting alliance between the two families maximizes the likelihood that the child will have a healthy adjustment to their time away from home and increases the likelihood of successful reunification.
- remind the caregiver that the birth parent has critical information to share about the child.
- remind the birth parent that the caregiver's responsibility is to care for the child so that the birth parent can safely focus on reunification.

For collaboration to develop in a non-threatening and supportive environment, the following needs must be met:

- ➤ Both parties must be made aware from the beginning what the court expects and will routinely inquire about the coparenting relationship.
- Caregivers should be provided with all pertinent information relevant to caring for the child including medical records, school records, nutritional preferences, allergies, and mental health information. Caregivers should also be provided with necessary court documentation and other pertinent information that can affect or influence the care of the child.
- Birth parents should be allowed frequent and reasonable contact with the child unless a safety concern has been raised and addressed by the court. For examples, see Family Center

by the court. For examples, <u>see Family Centered Protocols Family Time/Visitation</u>.

- > Non-custodial parents should be located and included in coparenting.
- > Child-related communication between the two sets of families should begin as soon after removal as is practical, particularly with young children under the age of three.
- > Case workers are expected to assist in the coparenting relationship by ensuring

If trust issues are substantial, some cases may require extra time; however, there should be an expectation that communication will be bi-directional, with birth parents consulted regarding the day-to-day care of the child.

Birth parents should be included in:

- all school-related activities
- physical health appointments
- mental health appointments

In all cases, coparenting relationships are strengthened if caregivers regularly provide birth parents with information about the child's progress and well-being.

- that the parents have an initial meeting and communication between the birth parents and caregivers regularly occurs.
- > The court should regularly inquire about the parties' progress in building and sustaining a coparenting alliance and re-assert the expectation that the families will work collaboratively together.

Transition. Coparenting facilitates the creation of a sensitive transition plan when the family is reunified or when another permanent plan is adopted. The transition plan should be part of the case plan and include tasks that allow for the child to retain a relationship with the caregiver and birth parent. Experience has shown that the newly reunified parent will be more open to continued contact if a positive coparenting alliance had developed. The sustained relationship avoids additional trauma to the child. Visitation, communication, and other forms of contact should be addressed as the transition plan begins and should be monitored on an ongoing basis with the parties, no matter the permanency goal. The diligent engagement of all involved parties in the coparenting alliance supports the shared commitment to care for the child.

Court practice.

- > Judges should encourage caregivers to ask the parent questions about the child (What is his favorite food? What is he afraid of? How do you help him to go to sleep?). Judges should encourage caregivers to abide by the contact plan and facilitate the communication process by answering the phone when parents call, offer information about the child's progress to parents during regular phone contacts, and answer any questions that the parent may have.
- > Judges should ensure that the caregivers have all the information and court documentation necessary to care for the child (medical records, school records, court orders).
- > Judges should review the visitation plan and ensure that the parents understand they should attend medical appointments, school activities, birthdays, and other events in the child's life.